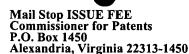
PART B - FEE(S) TRANSMITTAL

. Complete and send this form, together with applicable fee(s), to: Mail



or Fax

(571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address. maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

22907

08/18/2005

BANNER & WITCOFF 1001 G STREET N W **SUITE 1100** WASHINGTON, DC 20001



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name) (Signature) (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/003,951	10/30/2001	Frederic Reblewski	109894-129745	4750

TITLE OF INVENTION: EMULATION COMPONENTS AND SYSTEM INCLUDING DISTRIBUTED ROUTING AND CONFIGURATION OF EMULATION RESOURCES

		T							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FE	E	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1400		\$300		\$1700	11/18/2005		
EXAMINER		ART UNIT		CLASS-SUBCLASS	s				
PALADINI, ALBERT WILLIAM		2125		703-001000					
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		ee Address" (37	-	nting on the patent front		· Damma	r & Witcoff, Ltd		
		Correspondence	or agents OR, alternatively,						
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3						
			listed, no	name will be printed.	genis. Ii i	no name is 3			
3. ASSIGNEE NAME AN	D RESIDENCE DATA TO E	E PRINTED ON T	HE PATEN	Γ (print or type)					
PLEASE NOTE: Unles recordation as set forth	ss an assignee is identified bein 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app Γa substitute	ear on the patent. If ar for filing an assignment	t -	ee is identified below, the 2005 MBEYENE2 000002	document has been filed for MA 199733 19993951		
(A) NAME OF ASSIGN	NEE	(B) RESIDENC	CE: (CITY and STATE (INTRY)			
Mentor Graph	ics Corporation	W.	ilsonvi		01 FC: 02 FC:				
Please check the appropriat	te assignee eategory or catego	ries (will not be pr	inted on the p	patent): 🗖 Individual	1 XX Co	rporation or other private g	roup entity Government		
4a. The following fee(s) are	e enclosed:	4b	. Payment of	Fee(s):					
X Issue Fee			A check	in the amount of the fee	(s) is end	closed.			
Dublication Fee (No	small entity discount permitte	ed)	Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # o	of Copies .	<u> </u>	The Dire	ector is hereby authorize ount Number <u>19-0</u>	ed by ch	narge the required fee(s), or (enclose an extra	r credit any overpayment, to copy of this form).		
5. Change in Entity Statu	s (from status indicated above	e)							
a. Applicant claims S	SMALL/ENTITY status. See	37 CFR 1.27.	☐ b. Applic	ant is no longer claimin	g SMAL	L ENTITY status. See 37 (CFR 1.27(g)(2).		
The Director of the USPTO NOTE: The Issue Fee and interest as shown by the rec	is requested to apply the lss Publication Fee (if required) ords of the United States Pag	ie Feeland Publicat vill not be accepted int and Frademark	ion Fee (if ar I from anyone Office.	ny) or to re-apply any presented and the applican	reviously it; a regis	paid issue fee to the applicatered attorney or agent; or	cation identified above. the assignee or other party in		
Authorized Signature		VUV	u	Date		11/02/05			
Typed or printed name §	Christopher L. 1	McKee \		Regi	stration 1	No. 32,384			

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.